

P09000047115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

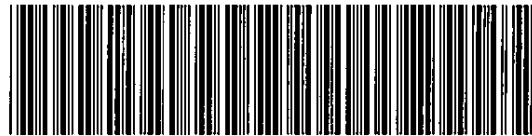
(Business Entity Name)

(Document Number)

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2009 JUL -8 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB

7-10-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Claudia's Insurance, Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000047115

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia M. Gomez

(Name of Person)

Claudia's Insurance Incorporated

(Name of Firm/Company)

18901 SW 106 Avenue Unit 132 A

(Address)

Miami, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia M. Gomez

(Name of Person)

at ( 786 ) 554-9785

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
2009 JUL -8 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Lazaro M. Gil, hereby resign as Secretary  
(Title)

of Claudia's Insurance, Incorporated  
(Name of Corporation)

P09000047115, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314